

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | MW       |        | 07-18-01 |
| O.I.P.E. CLASSIFIER       |          |        | 7-26-01  |
| FORMALITY REVIEW          | A-S      | 993    | 8-29-01  |
| RESPONSE FORMALITY REVIEW | M.D.     | 825    | 12-06-01 |
|                           |          | 025    | 01-14-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date   |
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| Final    |        |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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573  
12-00-01  
373 JCS  
01/15/02